

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-975)

Serial No.  
10/1658697  
Appln. No.

10-1-04 11-22-04

CLAIMS

APPLIED NO.	AFTER THE AMENDMENT		AFTER THE ASSISTANT	
	IND.	DEP.	IND.	DEP.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10	1			
11	1			
12	1			
13	1			
14	1			
15	1			
16	1			
17	1			
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
TOTAL IND.	1	0	0	0
TOTAL DEP.	7	0	7	0
TOTAL CLAMS	8	0	8	0

IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.		0		0	
TOTAL DEP.		0		0	
TOTAL CLAMS		0		0	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS